

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10676031  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		2	1	2		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12			1			
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50						
TOTAL IND.	2	1	3	1		
TOTAL DEP.	10		12			
TOTAL CLAIMS	12		15			

	IND	DEP	IND	DEP	IND	DEP
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